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SECURITY INFORMATION

17 February 1953

MEMORANDUM FOR: DD/TCS

ATTENTION : [ ]

SUBJECT : Special Training of Mario K. Giordano

1. It is requested that a covert training course be arranged by your office for an indigenous, contract employee to be used in Project AGRASIN in this country.

2. Under the anticipated operational plans of SR division, there is a need for capable and thoroughly trained instructors who could instruct AGRASIN agent trainees in Tradecraft and other subjects and who might serve as translators of agent materials. It is requested, therefore, that the above named subject be trained by your office as soon as practicable.

3. Attached is a Request for Covert Training, Form 51-93, with particulars as regards employee's background and list of subjects in which training is desired. Giordano has been granted covert security clearance by STC.

4. Please direct all inquiries in connection with this request to [ ] 1510 J Building, Rm. 3808.

[ ]  
Chief, SR/100

Attachment

SR/DOB/WD:wdg

Distribution:

Orig & 2

[ ] - 1  
Chrono to Liaison Office - 1  
Chrono to Hdqts. Files - 1

DECLASSIFIED AND RELEASED BY  
CENTRAL INTELLIGENCE AGENCY  
SOURCE/METHOD/EXEMPTION 3B2B  
NAZI WAR CRIMES DISCLOSURE ACT  
DATE 2006

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130A-114  
130A-8b

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REQUEST FOR COVERT TRAINING			
<b>IMPORTANT:</b> Student must be deep cover employee, have full security clearance, and project approved before this form is submitted.			
NAME OF STUDENT (PSEUDONYM)		THIS DATE	
MARIO K. GIORDANO		29 Jan. 1953	
TRAINING ALIAS (TO BE ENTERED BY CTB)		APPROVED PROJECT (NAME OR NO.)	
NAME OF OPERATIONS OFFICER	TELEPHONE	[ ] AEBASEIN	
[ ]	3264		
OPERATIONS OFFICER	TELEPHONE	DATE OF STUDENTS SECURITY APPROVAL	
[ ]	3264	12 Jan. 1953	
STUDENT'S BACKGROUND			
U.S. CITIZEN	AGE	MARITAL STATUS	FORMAL EDUCATION COMPLETED (HIGHEST)
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	49	Married	High School-College
LANGUAGE QUALIFICATIONS		FLUENT ENGLISH	
Estonian, Russian, German, English		Read <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Write <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Speak <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS CONNECTIONS WITH ANY U.S. OR FOREIGN INTELLIGENCE, OR SECURITY SERVICE (GIVE NAMES, DATES AND GENERAL NATURE OF DUTIES PERFORMED)			
16 Sept. 47 - 20 Oct. 1949 Inspector, Director D Camp. Germany 27 Oct. 1949 - 30 Sept. 1951 IRD Documentation Editor " 1 Oct. 1951 - present KNBARK employee, Munich, Germany			
BRIEF DESCRIPTION OF ANY EXPERIENCE OR QUALIFICATIONS FITTING STUDENT FOR PROPOSED ASSIGNMENT			
Area and language knowledge and previous experience in agent training, including radio operation			
GENERAL INFORMATION OF ASSISTANCE IN DETERMINING INSTRUCTOR'S APPROACH			
Specific approach will be decided in subsequent conferences with TR-DB on technical subjects.			
GEOGRAPHICAL ASSIGNMENT			
COUNTRY OR AREA WHERE STUDENT WILL OPERATE	STUDENT'S KNOWLEDGE OF AREA -		
U.S.	<input type="checkbox"/> NONE <input checked="" type="checkbox"/> KNOWLEDGE OF AREA IN RESEARCH AND STUDY - <i>Subject has native knowledge of area in which opn. is to take place</i> IN AREA FOR _____ YEARS		
STUDENT'S STATUS			
IS STAFF EMPLOYEE OR STAFF AGENT	IS CAREER AGENT	IF "NO", BRIEFLY EXPLAIN:	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Covert associate	
IF CAREER AGENT CONTRACT PROVIDES		HOSPITALIZATION EXPENSES	
DEATH BENEFITS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DISABILITY BENEFITS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MEDICAL EXPENSES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

FORM NO. 51-93  
APR 1950

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<b>COVER, OBJECTIVES AND DUTIES</b>		
STUDENT TO LIVE WITH FAMILY DURING TRAINING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		STUDENT TO FOLLOW NORMAL BUSINESS ROUTINE DURING TRAINING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
BRIEF DESCRIPTION OF COVER UNDER WHICH STUDENT WILL OPERATE <i>U.S. Government translator</i>		
LIST PRIMARY OPERATIONAL OBJECTIVES AND GIVE BRIEF DESCRIPTION OF DUTIES TO BE PERFORMED IN FIELD <i>Training in trackcraft - instructing agents, and as an interpreter in Commo instruction, when called upon by DB. Collation and preparation of operational material in native language. Consultation on operational area.</i>		
<b>SCHEDULE</b>		
TRAINING TO START (DATE)	TRAINING TO BE COMPLETED (DATE)	RECOMMENDED CITY FOR TRAINING (CONSISTENT WITH COVER) <i>Washington, DC</i>
STUDENT AVAILABLE FOR TRAINING <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME - INDICATE PORTION OF DAY OR WEEK AVAILABLE:		
TRAINING SUBJECTS (CHECK THOSE TO BE GIVEN)		
<input checked="" type="checkbox"/> SECURITY <input checked="" type="checkbox"/> COVER <input checked="" type="checkbox"/> OBSERVATION AND DESCRIPTION <input checked="" type="checkbox"/> INTERVIEWING <input checked="" type="checkbox"/> INTERROGATION <input checked="" type="checkbox"/> GENERAL CI METHODS <input checked="" type="checkbox"/> SURVEILLANCE <input checked="" type="checkbox"/> TELEPHONES AND MIXES <input checked="" type="checkbox"/> CONTACTING	<input checked="" type="checkbox"/> INTRA-FIELD COMMUNICATIONS <input checked="" type="checkbox"/> RECRUITING AGENTS <input checked="" type="checkbox"/> TRAINING OF AGENTS <input checked="" type="checkbox"/> AGENT MANAGEMENT AND CONTROL <input type="checkbox"/> DOUBLE AGENT MANAGEMENT AND CONTROL <input type="checkbox"/> REPORTING <input type="checkbox"/> CE OPERATIONS <input type="checkbox"/> COMMUNIST THEORY <input type="checkbox"/> SOVIET I.S.	<b>MICROFILMED</b> NOV 1950
<input type="checkbox"/> INTELLIGENCE SERVICE OF OTHER COUNTRIES (specify) <input checked="" type="checkbox"/> <i>Border Crossing</i>		
SPECIALIZED COURSES: Indicate by an F, R, or C, on the lines provided, whether instruction is to be familiarization, refresher or comprehensive.		
<input type="checkbox"/> CRYPTOGRAPHIC TRAINING (CRYPTOGRAPHIC CLEARANCE OBTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO) <input type="checkbox"/> PHOTOGRAPHY <input checked="" type="checkbox"/> <i>S/W C</i> <input checked="" type="checkbox"/> <i>W/R R</i> <input checked="" type="checkbox"/> TECHNICAL SURVEILLANCE METHODS <i>C</i>		
STUDENT'S PARTICULAR ATTRIBUTES OR APTITUDES TO BE OBSERVED OR EVALUATED IN TRAINING		
<i>Please direct all queries in connection with this request to</i> AUTHORIZATION <input type="checkbox"/> <i>1510 J Bldg, Rm 380R</i>		
SIGNATURE		AUTHORIZED REQUESTOR

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